

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511521-A

A _____

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XIXCXXXX~~ 410-313-2640

166565

DATE 4/16/99

DATE SYSTEM APPROVED 4/18/99

INSPECTOR M. [Signature]

INDEXED

Jenkins Brothers _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 410-461-9282

SUBDIVISION _____ LOT _____ ROAD 5301 Landing Road

PROPERTY OWNER _____

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

Septic system is failing.

Call for inspection when ground is opened so sanitarian can recommend repair. 4-5-99

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

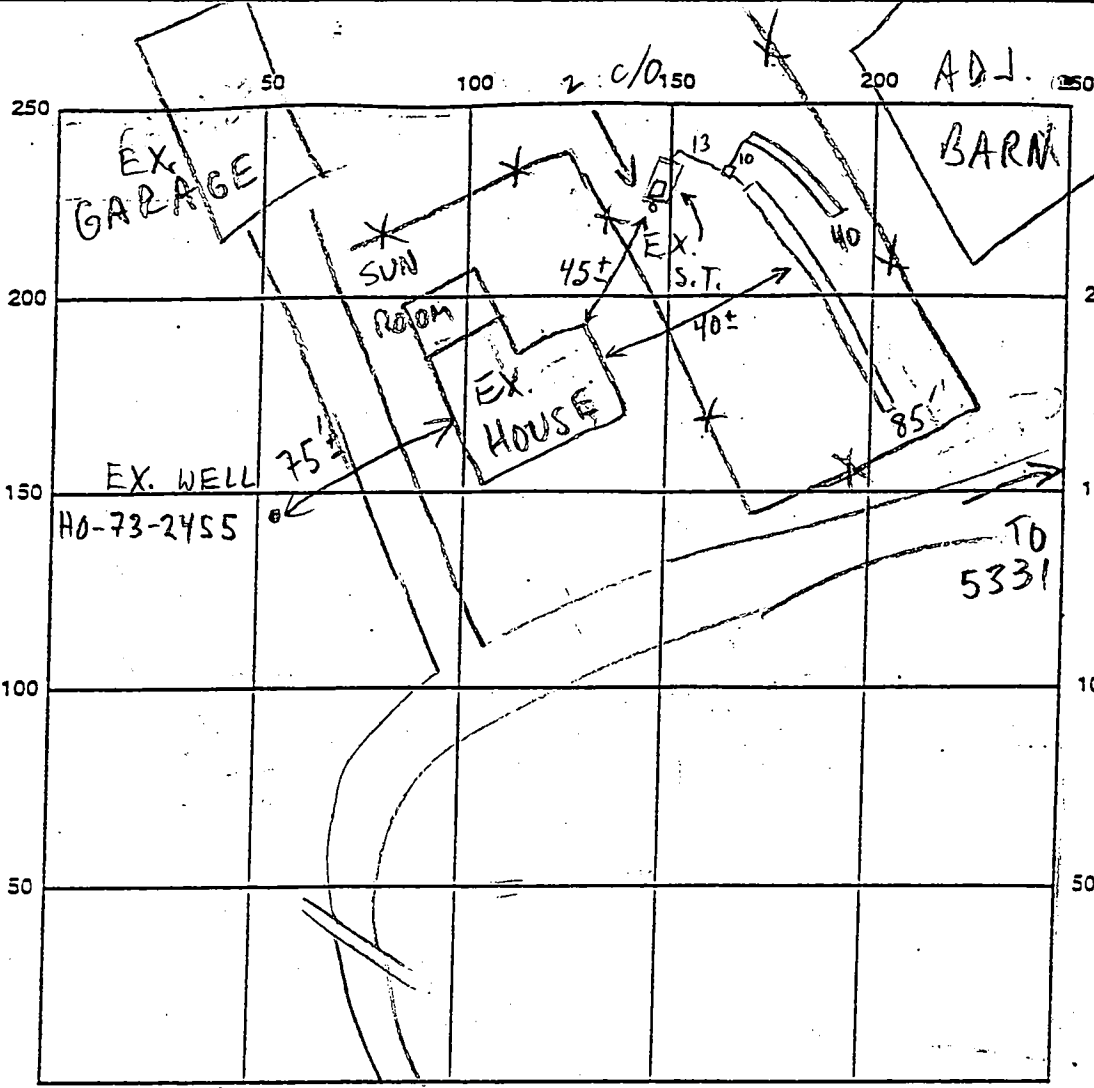
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.

511521-A



LANDING RD. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX. 1000 GAL CONCRETE CLEANOUTS EX - OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 40 FT.

NUMBER OF TRENCHES 2 ONE-SIDED BOTTOM AREA 0120 @ 255 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

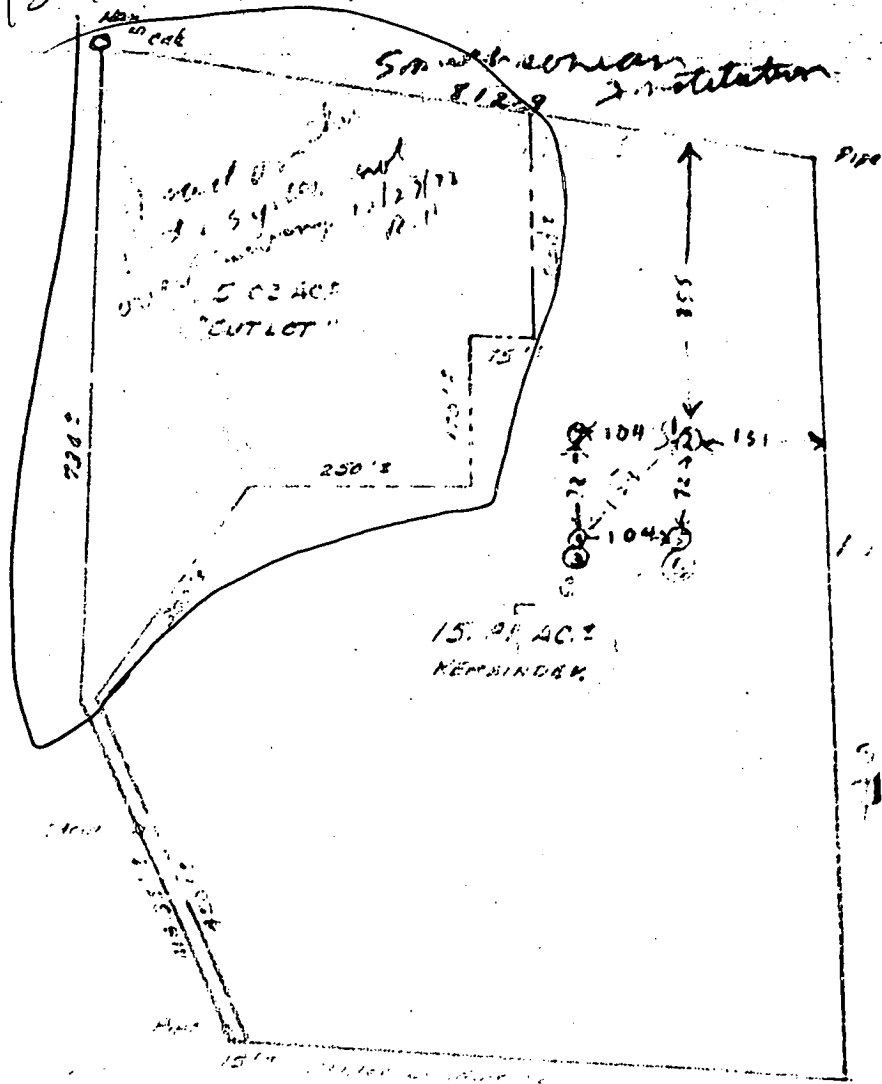
ABSORBENT AREA 375 SQ. FT.

REMARKS: 4/7/99 #1 OK TO START (MR/RN)

4/7/99 #2 OK TO COVER (MR)

DATE SYSTEM APPROVED 4/7/99 INSPECTOR M. Ripkin

THIS IS 5301 Landing Rd.



PROPOSED 2 AC. ± CUT LOT (PENDING SURVEY)

FOR
CASIMER C. LEGAL ETUX

Leroy P. O'Brien
 Leroy P. O'Brien P.L.S.
 Register No. 2156

SCALE 1"=200'

11/18/77
FILE Emergency Well DATE REPORTED 11/18/77

PROPERTY OWNER Harry Gelhaar

P.O. ADDRESS 15301 Landing Road TELEPHONE 796-8972

DIRECTIONS TO PROPERTY Elkridge, md.

Rt. 1 - Montgomery Rd. - right on Landing Rd. - 1st land on

INFORMANT right hand side

well Diller: How

CONDITION FOUND 11/18/77 Visited property, spoke to Mrs Gelhaar, who
said that well has caved in (below the casing, ?) at ~105 ft. below
grade. There is an existing drilled well on an adjacent lot
that the Gelhaars have access to. Public water is not
available. O.K. to approve emergency well permit number 55

ACTION TAKEN

FINAL DISPOSITION

C 1 9285
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN CO-S. 3. FROM ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLET
 COUNTY: _____
 NUMBER: _____

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 11-25-77
 DEPTH OF WELL 250 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" _____
 DRILLERS IDENTIFICATION NO. 180

OWNER GEELHAAR HARRY (LAST NAME) ELKRIDGE MD 21227 (FIRST NAME)
 STREET OR RFD 5301 LANDING ROAD POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
OVERBURDEN	0	8	
BROWN SHALE	8	43	
GRANITE	43	250	X

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 9 NO. OF POUNDS 800

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 42 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 60

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM 42 TO 250

EACH SCREEN

1 H O 11 15 17 21
 2 _____ 23 24 26 30 32 36
 3 _____ 38 39 41 45 47 51

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 25

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 225 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME G. EDGAR HARRISONS CO.

(PLEASE PRINT) _____

SIGNATURE _____

PITLESS FILTER

B 1	0360	<small>SEQUENCE NO. (WRA USE ONLY)</small>	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-0712
<small>1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)</small>			FILL IN THIS FORM COMPLETELY	

<small>DATE RECEIVED (WRA USE ONLY)</small>	OWNER <u>BEELHAR, HARRY</u> <small>COL 15 LAST NAME FIRST NAME COL. 34</small>
	STREET OR RFD <u>5301 LANDING ROAD</u> <small>COL 36 COL. 55</small>
	POST OFFICE <u>ELKIDGE MD 21227</u> <small>COL 57 COL. 76</small>

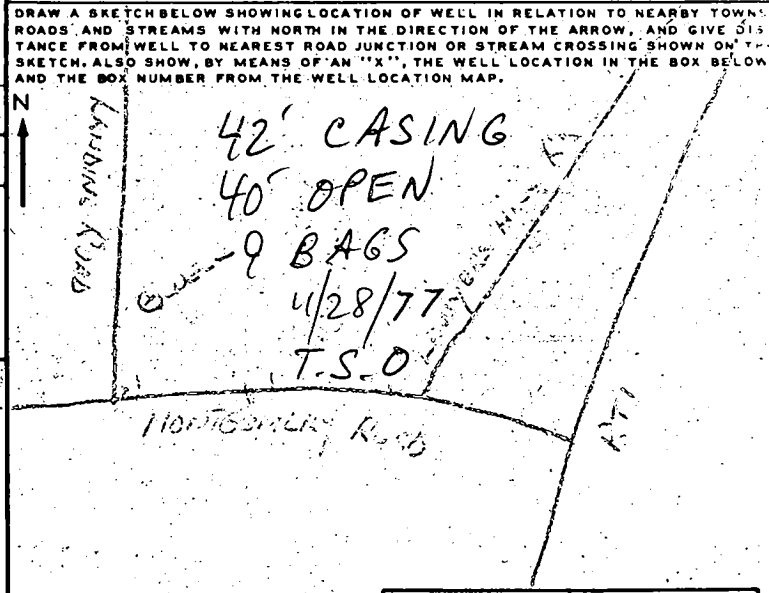
B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
DATE <u>NOVEMBER 13 1977</u>	LICENSE NUMBER <u>120</u>	<small>77 80</small>
FIRST NAME <u>BEELHAR</u> DRILLER LAST NAME <u>HARRY</u>		
SIGNATURE <u>[Signature]</u>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
COUNTY <u>HOWARD</u>	<small>8 21 (DO NOT ABBREVIATE COUNTY NAME)</small>
SUBDIVISION	<small>23 42</small>
SECTION <u>44</u>	LOT <u>46</u>
<small>44 46 48 50</small>	
NEAREST TOWN <u>FRANCONIA</u>	<small>62 71</small>
MILES FROM TOWN (ENTER 0 IF IN TOWN)	<small>73 MI 76 77 78</small>

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>	<small>8 12</small>
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u>	<small>14 20</small>
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL	
<input type="checkbox"/> TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
<small>1 2 3 (SEQ. NO.) 6</small>	
<input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> N E <input type="checkbox"/> S E <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> N W <input type="checkbox"/> S W <input type="checkbox"/> NORTHWEST <input type="checkbox"/> S W <input type="checkbox"/> SOUTHWEST	
NEAR WHAT ROAD <u>LANDING ROAD</u>	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>20</u>	
<small>34 37 MI 38 39</small>	

APPROXIMATE DEPTH OF WELL <u>300</u>	<small>24 28 FEET</small>
APPROXIMATE DIAMETER OF WELL <u>6</u>	<small>(NEAREST INCH)</small>
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT	
OTHER (DESCRIBE)	



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input checked="" type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <u>HO-73-0712</u>	
<small>41 52</small>	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
<small>54</small>	<small>65</small>
FORCE	CONDITIONS
<small>67 68</small>	<small>70 71 72 73 74 75 76 77 78 79</small>

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>		
DATE <u>1 24 77</u>		
STATE HEALTH COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>127270</u>		
APPROVED BY <u>Fred Frommelt, Sanitarian</u>		
<small>43 48</small>		
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		
<small>1 2 3 (SEQ. NO.) 6</small>		

B 5	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>	
NORTH COORDINATE <u>50</u>	
EAST COORDINATE <u>59</u>	
ELEVATION AT WELL HEAD (FEET) <u>65</u>	
<small>57 58 59 60 61 62 63 65 66 67 68</small>	

B 1	7245	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION	WRA PERMIT NUMBER
1 2 3 (SEQ. NO.) 6 (THIS NUMBER TO BE PUNCHED IN COLS 2-3 ON ALL CARDS)		TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401		FILL IN THIS FORM COMPLETELY
DATE RECEIVED (WRA USE ONLY) 6/6/74 2 PM		OWNER: <u>GEELHART, HARRY</u> COL 15 LAST NAME FIRST NAME COL. 34		
STREET OR RFD: <u>5301 LANDING ROAD</u> COL 36		POST OFFICE: <u>ELKRIDGE, MD 21227</u> COL 57		

B 1	CONTINUED DRILLER INFORMATION				B 3	LOCATION OF WELL			
1 2 3 (SEQ. NO.) 6	DATE: <u>May 14, 1974</u>	LICENSE NUMBER: <u>120</u>	77	80	1 2 3 (SEQ. NO.) 6	COUNTY: <u>HARRIS</u>	8	(DO NOT ABBREVIATE COUNTY NAME)	21
FIRST NAME: <u>GEORGE HARRY SON</u>		DRILLER: <u>SON</u>		LAST NAME: <u>SON</u>		SUBDIVISION: <u>23</u>			
SIGNATURE: <u>[Signature]</u>		SECTION: <u>44</u>		LOT: <u>46</u>		NEAREST TOWN: <u>ELKRIDGE</u>			
MILES FROM TOWN (ENTER 0 IF IN TOWN): <u>2</u>		73		76		77 78			

B 2	WELL INFORMATION				DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)			
1 2 3 (SEQ. NO.) 6	MAXIMUM PUMPING RATE (GALLONS PER MINUTE): <u>750</u>		8	12	N NORTH E EAST			
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): <u>750</u>		3		S SOUTH W WEST				
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NEAR WHAT ROAD: <u>LANDING RD</u>		N E NORTHEAST S E SOUTHEAST				
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		NORTH SOUTH EAST WEST		N W NORTHWEST S W SOUTHWEST			
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)		34		8 9			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.		37		38 39			
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	APPROXIMATE DEPTH OF WELL: <u>125</u> FEET		24		28			
<input type="checkbox"/> PRIVATE WATER COMPANY	APPROXIMATE DIAMETER OF WELL: <u>6</u> (NEAREST INCH)		30		32			
<input type="checkbox"/> TEST	METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		BORED (OR AUGERED) JETTED DRIVEN		AIR-ROTRARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTRARY DRIVE-POINT			

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	APPROPRIATION PERMIT NUMBER: <u>54</u>		ENGINEER REVIEW DISTRICT NO. <u>69</u>
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	FORCE: <u>67</u>		CONDITIONS: <u>68</u>
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	WRITE INITIALS IN BOX		A E N S G W Q C L U
<input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	41		48

B 4	HEALTH DEPARTMENT APPROVAL				BOX NUMBER			
1 2 3 (SEQ. NO.) 6	STATE HEALTH (CIRCLE BOX)		COUNTY NAME: <u>PRINCE GEORGE</u>		NORTH COORDINATE: <u>50</u>		51 52 53 54 55	
DATE: <u>05 17 74</u>	APPROVED BY: <u>[Signature]</u>		COUNTY NO. <u>3</u>		EAST COORDINATE: <u>57</u>		58 59 60 61 62 63	
DATE: <u>05 17 74</u>		APPROVED BY: <u>[Signature]</u>		ELEVATION AT WELL HEAD (FEET): <u>65</u>		66 67 68		

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)			
1 2 3 (SEQ. NO.) 6	APPROPRIATION PERMIT NUMBER: <u>54</u>			

APPROPRIATION PERMIT NUMBER: <u>54</u>		ENGINEER REVIEW DISTRICT NO. <u>69</u>	
FORCE: <u>67</u>		CONDITIONS: <u>68</u>	
WRITE INITIALS IN BOX		A E N S G W Q C L U	
DATE: <u>05 17 74</u>		APPROVED BY: <u>[Signature]</u>	
DATE: <u>05 17 74</u>		APPROVED BY: <u>[Signature]</u>	
DATE: <u>05 17 74</u>		APPROVED BY: <u>[Signature]</u>	

1. **3697** (SEQ. NO.)

2. (THIS NUMBER TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

3. DATE RECEIVED (WRA USE ONLY) **6-4-74**

4. DATE WELL COMPLETED

5. DEPTH OF WELL **125** (TO NEAREST FOOT)

6. PERMIT NO. FROM "PERMIT TO DRILL WELL"

7. DRILLERS IDENTIFICATION NO. **120**

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401

WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

OWNER: **GEELHARR HARRY** (LAST NAME) **ELKRIDGE** (FIRST NAME)

STREET OR RFD: **5301 LANDING RD** POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
OVERBURDEN	0	8	
BROWN SHALE	8	19	
BRAN ROCK	19	125 X	

WELL = 1 200' (DAY)

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS **8** NO. OF POUNDS **800**

GALLONS OF WATER **48**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **215** FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE ST

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **21**

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH) FROM DEPTH (FEET) TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL ST BRASS OPEN HOLE OR BRONZE BR HO

PLASTIC PL OTHER OT

EACH SCREEN

1. HO **21** FROM **125** TO

2. FROM TO

3. FROM TO

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 60 (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING T 72

LOG INDICATOR 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **4**

METHOD USED TO MEASURE PUMPING RATE **SUBMERSIBLE**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **28** (NEAREST FOOT)

WHEN PUMPING **34** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } **1** (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

PITLESS ADAPTER

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: **G. EDGAR HARRISON**

SIGNATURE: *G. Edgar Harrison*